Amendment of Human Organ Transplantation Act, 1994

1948. DR. ALLADI P. RAJKUMAR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are contemplating to amend the Human Organ Transplantation Act, 1994 to make it donor and patient friendly; and

(b) if so, the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR ANBUMANI RAMADOSS): (a) and (b)ACommittee has been constituted by the Hon'ble Court (as per the judgement dated 6.9.2004 in W.P. NO. 813/2004) to review the provisions of the Transplantation of Human Organs Act, 1994 and the Transplantation of Human Organs Rules, 1995. The composition of the Committee and terms of reference are annexed as Statement (See below). The time-limit initially set by the Hon'ble Delhi High Court for submission of the report by the said Committee was upto 5.1.2005. The Hon'ble Delhi High Court has since granted extension of time-limit upto 30.4.2005 to the Committee to submit its report.

Statement

Composition of the Committeee and terms of reference The

Composition of the Committee is as follows:—

1. Dr. S.Y. Quaraishi, Addl. Secretary & DG, National AIDS Control Organisation (Nominee of Secretary (Health) and Convenor)
2. Prof. S.N. Mehta, Head of Department, Surgery Department, AIIMS-(Member)
3. Dr. Harsh Johri, Renal Surgeon, Sir Ganga Ram Hospital, Delhi - (Member)
4. Secretary, Indian Medical Association, I.P. Estate, New Delhi - (Member)
5. Mr. Sanjay Jain, Advocate, Chamber No. 488, New Chambers Block, Delhi High Court, New Delhi - (Member)
6. Dr. V.K. Arora, Addl. DG - (Member Secretary)

Terms of reference of the commiteee constituted as per the judgement dated September 6, 2004 in w.p. No. 813/2004 of High Court of Delhi to review the provisions of the transplantation of human organs act, 1994 and the transplantation of human organs rules, 1995

1. Based on the data available on the transplantation of organs and the working of the Authorisation Committees, the Committee to examine and make its recommendations on the composition of Authorisation Committees and changes, if any, required to ensure timely permission.
2. Whether the jurisdiction of the Authorisation Committee should be enlarged by bringing within its ambit the process of certifying a "near relative" or the task be assigned to another designated authority?
3. Review the provisions of the Act and Rules based on the experience of transplantation of organs as carried out and the difficulties arising due to the bottlenecks faced in the said process. The Committee to examine in particular provisions of Section 9 and requirement of carrying out the tests prescribed in Rule 4, certification in Form-3 to review the definition of "near relative" and make its recommendations in the light of the observations made.
4. Examine and specify the organs for transplantation of which the tests prescribed in Rule 4(1)(c) to establish the factum of being "near relative" need not be carried out when other evidence is available.
5. Examine the feasibility of establishing and setting up Organ Procurement Organizations with data bank to facilitate the dissemination of information on availability of organs for transplantation to encourage organ donation especially from cadavers, cases of brain stem deaths and other deceased persons, who had authorised removal of organs upon demise.
6. Examine the feasibility of creation of a fund, the corpus to be provided partly come from the Union of India and partly by levying a fixed charge on the total bill of the hospital for transplantation and/or public donations, for providing social incentives to a donor.

7. Examine and recommend ways and means to give such incentives, including but not limited to help and aid any preferred healthcare, recognition and honour to a donor in the community.
8. Examine the causes that lead to exploitation of poor and unaware persons in the process of organ donation and suggest methods to reduce, control and ultimately eradicate such malpractices. Recommend programmes for dissemination of correct information of ethical, legal and devising procedure concerning organ donation so that a conducive atmosphere is generated and disinformation and misgivings are dispelled.
9. Any other matter relevant to the subject.

Shortage of medical staff

1949. SHRI N.R. GOVINDRAJAR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware that there is shortage of doctors and paramedical staffs and beds in the country;

(b) whether it is a fact that there is only one doctor for 1008 persons and one bed for 1223 persons; and

(c) if so, the action taken/proposed to be taken by the Government to improve the situation?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) As per the figures obtained from the Medical Council of India, the allopathic doctor-population ratio at present works out to 1:1722.

In addition to the 6,39,729 allopathic doctors registered as on 28.2.2005, about 6,94,712 medical practitioners of Indian Systems of Medicines and Homoeopathy are registered as on 1.1.2003. Taken together, the Doctor population ratio comes to more than 128 per lac population i.e. one medical practitioner for 781 persons. In addition, there are 229 Medical Colleges with annual intake of 25682 students. According to the Medical Council of India, there are sufficient numbers of doctors to take care of services all over the country.

The mumber of beds in allopathic establishments as on 1.1.2002 comes to one bed for 1124 people. Under National Rural Health Mission, there is a proposal to update more than 2000 PHCs/CHCs to 30—50 bedded hospitals conforming to the norms called Indian Public Health Standards (IPHS).